

ing the efficiency of the different methods in use for the disinfection of unprepared catgut derived from a known infected source (the small intestine of splenic rabbits) with the following results :

1. After six hours exposure to a 1-1000 solution of mercuric chloride, absolute freedom from susceptibility to germ culture was established.

2. After two hours exposure to dry heat (140 C.) the catgut became absolutely sterile.

3. After thirty-six hours' exposure to juniper oil, the great majority of cultures showed numerous colonies.

4. Preservation in carbolic oil (20-100) after twelve days resulted in a germless condition of the catgut in each instance.

In the discussion which followed, Morian, of Essen, uttered a warning against accepting as proof of the complete sterilization of catgut, the failures to produce cultures therefrom upon artificial pabulum. The animal organism itself offers more favorable conditions for the development of pathogenic germs. He had conducted some experiments with the view of determining some of the questions advanced by the reader of the paper and had succeeded in producing anthrax in mice and rabbits by means of catgut previously infected, and then presumably disinfected as shown by failure of the cultivation tests upon artificial pabulum.—*Centblt. f. Chirg.*, 1889, No. 49.

GEORGE R. FOWLER (Brooklyn).

III. Bromide of Ethyl as a General Anæsthetic in Dental Surgery. By Dr. IVAN N. DRAKIN (Kharkov, Russia.) The writer highly recommends bromide of ethyl as a general anæsthetic, eminently suitable for all dental operations of under 15 minutes' duration, the recommendation being based on 200 cases of his own. The substance may be administered from an ordinary inhalatory mask. An average dose necessary for producing narcosis amounts to half an ounce, a complete anæsthesia ensuing within a minute and lasting about 15 minutes. Dr. Drakin claims the following essential advantages for bromide of ethyl in comparison with chloroform and nitrous oxide. 1. While paralyzing pathic sensibility, the bromide leaves tactile one intact and does not affect consciousness to any considerable degree

("which is of great importance, especially in dental operations"): 2. The pulse and respiration, as well as muscular tone, remain unaltered. 3. Vomiting occurs but very seldom (in 2 out of 200 patients). 4. The recovery from anaesthesia is rapid, easy and spontaneous. 5. The bromide anaesthesia is not accompanied by any unpleasant accessory phenomena (except habitual drinkers and hysterical persons, in whom recovery is followed now and then by some fleeting and slight excitement). 6. No assistants are needed. 7. The bromide is an entirely safe and harmless anaesthetic, provided an absolutely pure drug is used (since injurious preparations are inactive as anaesthetics, but may give rise to disagreeable and even dangerous accessory effects). The author invariably employs Merck's preparation, which is characterized by a neutral reaction, easy volatility, absolute colorlessness and transparency, sweetish taste and an etheric taste somewhat resembling garlic.—*Novosti Terapii*, 1889, No. 38, p. 202.

IV. Bromide of Ethyl as a General Anaesthetic in Dental Surgery. By DR. LEV. M. KHEIFETZ (Odessa, Russia). The perusal of Dr. T. Asch's paper (*Therapeutische Monatshefte*, February, 1888) has induced the author to try bromide of ethyl (C_2H_5Br) in 250 consecutive cases of teeth extraction. In all but four cases a chemically pure drug was employed (prepared by Mr. J. O. Kranzfeld, of Odessa, after the so-called French method—that is, by treating bromide of potassium with ethylic alcohol and sulphuric acid, while the ordinary or German method consists in treating bromide of phosphorus (PBr_3) by ethylic alcohol), which formed a colorless, transparent, volatile fluid, possessing a neutral reaction, a burning, sweetish taste and a chloroform-like odor (without any garlic flavor). The drug was invariably administered by means of Esmarch's chloroform mask, closely adjusted to the patient's face. The first portion of the anaesthetic was poured over the inner surface of the mask, all subsequent ones over the outer, an average total dose in individual cases being about half an ounce. A complete analgesia always ensued in from $2\frac{1}{2}$ to 3 minutes. As a rule, the patient's consciousness remained unaffected, but still fairly many subjects became totally unconscious. In none of